

VICTIM LOSS STATEMENT

Services Agency: _____

Offender: _____

Victim: _____
(Your Name)

Name: _____

Address: _____ Case Number: _____

Phone Number: _____ (Home) _____ (Work/Alternate)

Please list property taken, damaged, or the type of injuries you have sustained. Where possible enclose bills, receipts or estimates. List only property you believe has not been recovered. Do not list property being temporarily held as evidence by police. If you need more space you may use the back or an additional sheet of paper.

Property Loss

Items	Purchase Date	Purchase Price	Replacement	Amount Reimbursed by Insurance

Damages/Injuries

Type	Repair/Treatment Costs	Amount Reimbursed by Insurance

Insurance

If you have filed or intend to file a loss claim with your insurance company please complete the following:

Insurance Company Name: _____ Phone: _____
Address: _____ Policy Number: _____
Amount of Insurance Policy Deductible: \$ _____

State of Tennessee

County of Carter

Before me personally appeared, making oath that the statements therein are true to the best of his/her knowledge, information and belief.

Sworn to and subscribed before me this

Petitioner
_____, 20____ day of _____
John Paul Mathes, Clerk of Court
By: _____
Deputy Clerk